Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision	
effective April 1, 2011	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	Volume (minors)	_ Onange (101)
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto	\$55,995,666	-11.3%
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certa Classes? If so, specify: No	ain territory (territories) o	r certain
	Brief description of filing. (If t	filing follows rates of an a	advisory
	Organization, specify	3 10110110 10100 01 011	<i></i>
	organization):	Adoption of ISO filing GL	-2010-BGL1 and increased limits
	GL-2010-IALL1.		
	*Adjusted to reflect all prior ra **Change in Company's pren rates.		ult from application of new
		ACE American Ins	surance Company
		Na	ime of Company
			L Product Manager

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **				
Automobile Liability Pri		- Change (* or /				
Passenger	vate					
Commercial						
Automobile Physical Da	amag					
Private Passenger	amag					
Commercial		-				
Liability Other Than Au	\$10,247,035	-11.3%				
Burglary and Theft	ψ10,217,000					
Glass						
Fidelity						
Surety						
Boiler and Machinery						
Fire						
Extended Coverage						
Inland Marine						
Homeowners						
Commercial Multi-Peril						
Crop Hail						
Other						
Life of Insurance	20					
	to certain territory (territories)	or certain				
specify:	No					
Brief description of filing. (If filing follows rates of an advisory						
Organization, specify						
organization):	Adoption of ISO filing C	GL-2010-BGL1 and increased limits				
GL-2010-IALL1.						
*A divisted to reflect all	prior rate changes	<u> </u>				
*Adjusted to reflect all **Change in Company rates.	's premium level which will re	sult from application of ne				
iaics.	ACE Property &	Casualty Insurance Company				
		Name of Company				
		GL Product Manager				

Change	in	Company's	premium	or	rate	level	produced	by	rate
revisio	on e	effective	08/01/2011						

revision effective 08/01/2011	·	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage	vorume (111111015)	
Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery	59,157	-11.6
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain of so, specify: N/A	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	<pre>): American Alternative (AAIC) hereby propose</pre>	Insurance Corporation to to adopt the changes erence Filing Numbers:
		-
* Adjusted to reflect all prior re* ** Change in Company's premium lever result from application of new in the second se	el which will	
		~
Am	erican Alternative Insura	
	Name of Compar	ny
	*	

H29219D

- Vice President

Cha	ange in Company's premium or rate leve	el produced by rate revision effective	4/1/2011
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. 2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	178,679	-6.2%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		The state of the s
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
_			
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
		ates of an advisory organization, specify organ L1 and GL-2010-IAll1. Please see the attached memoran	
	ljusted to reflect all prior rate changes.	ich will regult from application of new rates	
	nange in Company's premium level whi	ich will result from application of new rates.	
		American Casualty Company	
		Nam	e of Company
		Elizabeth Merritt, FCAS, Actuaria	al Director
			ficial Title

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

| effective 04/01/2011 | · | · |
|-----------------------------------|-----------------------|---|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 19,046 | -11.3% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners Commercial Multi-Peril | * | |
| | | *************************************** |
| Crop Hail
Other | **** | |
| Life of Insurance | | |
| Life of insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so,

specify:

NO

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of ISO revised commercial general liability loss
costs contained in reference Filing Number GL-2010-BGL1 and rules contained in
GL-2010-IALL1.

*Adjusted to reflect all prior rate changes.

American Safety Casualty Insurance Company
Name of Company
Jennifer Carr, Rate and Form Analyst
Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) | (3) | |
|--|-------------------------------|---------------------------------|--|
| | Annual Premium | Percent | |
| Coverage | Volume (Illinois) * | _ Change (+or-) ** | |
| Automobile Liability Private | | | |
| Passenger | | | |
| Commercial | | | |
| Automobile Physical Damag | | | |
| Private Passenger | | | |
| Commercial | | | |
| Liability Other Than Auto | \$194,469 | -4.3% | |
| Burglary and Theft | | | |
| Glass | | | |
| Fidelity | | | |
| Surety | | | |
| Boiler and Machinery | | | |
| Fire | | | |
| Extended Coverage | | | |
| nland Marine | | | |
| Homeowners | | | |
| Commercial Multi-Peril | | | |
| Crop Hail | | | |
| Other | | | |
| Life of Insurance | | | |
| Does filing only apply to certa | ain territory (territories) o | r certain | |
| Classes? If so, | | | |
| specify: NO | | | |
| Brief description of filing. (If f | Fling follows rates of an a | advicon/ | |
| Organization, specify | ining follows rates of art a | auvisory | |
| organization): | ISO Inc Loss Cost and I | ncreased Limit Factors and Tab | |
| Assignments Revision with Company LO | | norceous Emilier actors and rec | |
| Annual Written Premium information from company Page 14. | | | |

Amerisure Insurance Company
Name of Company
Karin Tremain-Senior Analyst & Compliance Consultant

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3)
Percent |
|---|--|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | ************************************** | 0.70/ |
| Liability Other Than Auto | \$905,077 | -3.7% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| nland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Othe <u>r</u> | | ************************************** |
| Life of Insurance | | |
| Does filing only apply to certa | oin territory (territories) o | r certain |
| Classes? If so, | in ternory (territories) of | Cortain |
| specify: NO | | |
| Specify. | | |
| Brief description of filing. (If f | iling follows rates of an a | advisory |
| Organization, specify | iling follows rates or arre | ad visory |
| organization): | ISO, Inc. Loss Cost and I | ncreased Limit Factors and Tabl |
| Assignments Revision with Company LC | | |
| Annual Written Premium information from | | |

Amerisure Mutual Insurance Company Name of Company
Karin Tremain-Senior Analyst & Compliance Consultant Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium effective April 1, 2011 | or rate level produced | by rate revision |
|---|------------------------|------------------|
| (1) | (2) | (3) |

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|--|---|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | _ |
| | Private Passenger | | <u> </u> |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$14,410 | -11.3% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | 4 |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | , 1995 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | ************************************** | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certain Classes? If so, | in territory (territories) or | certain |
| | specify: No | | |
| | | | |
| | Brief description of filing. (If file Organization, specify | ling follows rates of an ad | dvisory |
| | organization): | Adoption of ISO filing GL-2 | 2010-BGL1 and increased limits |
| | GL-2010-IALL1. | Acoption of too ming of 1 | |
| | GE 2010 II LE11. | | |
| | *Adjusted to reflect all prior ra
**Change in Company's prem
rates. | | t from application of new |
| | 14(03. | Bankers Standard | Insurance Company |
| | | | me of Company |
| | | Robert Wolfrom, GL | • • |

FORM (RF-3)

| Change in Company's premium of | or rate level produced by rate revision |
|--------------------------------|---|
| effective 02/01/2011 | |

| - | (1)
Coverage | (2)
Annual Premium
Volume (Illinois) * | (3)
Percent
Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$531,256 | +6.4 |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so, | | |
| | specify: No No | | |
| | Brief description of filing. (If f
Organization, specify
organization): | Filing revised rating pl | an for our Employment Practices |
| | Liability Program. Rate changes in | | |
| | Type of Operations, Employee Tur | | nodifiers. |
| | *Adjusted to reflect all prior ra
**Change in Company's prem | ate changes.
nium level which will resu | It from application of new |
| | rates. | Carolina Casualty | Insurance Company |
| | | | me of Company |
| | | Sandra C. Nelson | • • |
| | | | Official – Title |

| Cha | ange in Company's premium or rate leve | el produced by rate revision effective | 4/1/2011 |
|------|---|--|--|
| | (1) | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** |
| | <u>Coverage</u> | volume (illinois) | Change (1 Or -) |
| 1. | Automobile Liability Private | | |
| • | Passenger Commercial | | _ |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | 867,378 | -2.6% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | Annual Control of the |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | and the second s | |
| 15. | Other | | |
| | Line of Insurance | | |
| _ | 611 Landa Carata Car | - with vise) an acutain alacced? If an appoint | |
| Do | es filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| | | | |
| Brie | ef description of filing. (If filing follows ra | ates of an advisory organization, specify organ | nization): |
| | | L1 and GL-2010-IAII1. Please see the attached memoran | |
| | | | |
| | | | |
| | ljusted to reflect all prior rate changes. | | |
| **C | hange in Company's premium level wh | ich will result from application of new rates. | |
| | | | |
| | | Continental Casualty Company | |
| | | Nam | e of Company |
| | | Climate att Mannith COAO Antonio | al Discator |
| | | Elizabeth Merritt, FCAS, Actuaria | al Director
fficial – Title |
| | | O ₁ | nicial – riut |

| Change in Company's p | premium or rate level pro | oduced by rate revision effective | 4/1/2011 |
|--|------------------------------|---|--|
| (1)
<u>Cover</u> a | ge | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. Automobile Liability | | | |
| Passenger Cor | | | |
| 2. Automobile Physic | | | |
| 3. Liability Other Tha | ger Commercial | 1,115,656 | -7.7% |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machine | ery | | |
| 9. Fire | | | |
| 10. Extended Coverag11. Inland Marine | | 1877 | |
| 12. Homeowners | | | |
| 13. Commercial Multi- | Peril | | |
| 14. Crop Hail | | | |
| 15. Other | | | |
| Line of | Insurance | | |
| Brief description of filing | g. (If filing follows rates | of an advisory organization, specify org | anization): |
| Implementing Insurance Serv | ices Office GL-2010-BGL1 and | d GL-2010-IAli1. Please see the attached memor | andum. |
| *Adjusted to reflect all
**Change in Company' | | vill result from application of new rates. Continental Insurance Compa | |
| | | Na | ame of Company |
| | | Elizabeth Merritt, FCAS, Actua | arial Director |
| | | | Official – Title |

| (1) | (2) Annual Premium | (3) Percent |
|--|--|--------------------------|
| <u>Coverage</u> | <u>Volume (Illinois)*</u> | <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | 196,964 | 7.0% |
| Burglary and Theft | | |
| 5. Glass | | |
| 5. Fidelity | | |
| . Surety | | |
| Boiler and Machinery | 2,006,200 | 6.4% |
|). Fire | 2,006,200 | 0.470 |
| Extended Coverage Inland Marine | | |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| | | |
| oes filing only apply to certain territory (territo | ories) or certain classes? If so, specify: | |
| rief description of filing. (If filing follows rates | s of an advisory organization, specify or | |
| rief description of filing. (If filing follows rates | s of an advisory organization, specify or | ganization): |
| rief description of filing. (If filing follows rates | s of an advisory organization, specify or
ling Property.
ty (Fire) and 7.0% for Personal Lia | ganization): |
| rief description of filing. (If filing follows rates djusting Loss Cost Multipliers for Dwell feects will be 6.4% for Dwelling Propertor a total effect of +6.5% to our Dwell: Adjusted to reflect all prior rate changes. | s of an advisory organization, specify or
ling Property.
ty (Fire) and 7.0% for Personal Lia
ing Program. | ganization): |
| rief description of filing. (If filing follows rates djusting Loss Cost Multipliers for Dwell feects will be 6.4% for Dwelling Propertor a total effect of +6.5% to our Dwell: Adjusted to reflect all prior rate changes. | s of an advisory organization, specify or
ling Property.
ty (Fire) and 7.0% for Personal Lia
ing Program. | ganization): |
| rief description of filing. (If filing follows rates
djusting Loss Cost Multipliers for Dwell
Efects will be 6.4% for Dwelling Proper | s of an advisory organization, specify or
ling Property.
ty (Fire) and 7.0% for Personal Lia
ing Program.
will result from application of new rates. | ganization): bility. |

| Change in Company's premium or rate level produced by rate revision effective | | | 4/1/11 N & 7/1/11 R | |
|---|---|--|-------------------------------------|--|
| | (1) | (2) Annual Premium | (3)
Percent
Change (+ or -)** | |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -) | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | 241,877 | 0.6% | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other | | | |
| | Line of Insurance | | | |
| Doe
No | es filing only apply to certain territory (ter | ritories) or certain classes? If so, specify | : | |
| | of description of filing. (If filing follows rate are revising company loss cost mult | es of an advisory organization, specify o iplier only. | rganization): | |
| | justed to reflect all prior rate changes. | | | |
| **C | hange in Company's premium level which | ch will result from application of new rate | S. | |
| | | GuideOne America Insurano | ce Company | |
| | | | Name of Company | |
| | | Joseph Highbarger, FCAS, | MAAA - AVP/Actuary | |
| | | | Official – Title | |

| Cha | ange in Company's premium or rate lev | rel produced by rate revision effective | 4/1/11 N & 7/1/11 R |
|--------------------------|--|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 11.
12.
13.
14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other | 976,168 | 4.6% |
| | Line of Insurance es filing only apply to certain territory (t | erritories) or certain classes? If so, specify | |
| | ef description of filing. (If filing follows reare revising company loss cost mu | ates of an advisory organization, specify or
Itiplier only. | |
| | ljusted to reflect all prior rate changes.
Change in Company's premium level wh | nich will result from application of new rates | 3. |
| | | GuideOne Elite Insurance C | |
| | | 1 | Name of Company |
| | | Joseph Highbarger, FCAS, I | MAAA - AVP/Actuary |
| | | Occupit inglibulgar, i Otto, i | Official – Title |

| Change in Company's premium or rate level produced by rate revision effective | | | 4/1/11 N & 7/1/11 R | |
|---|--|--|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| 1 | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | 1,348,683 | 3.4% | |
| | Burglary and Theft | | | |
| | Glass | | | |
| | Fidelity | | | |
| | Surety | | | |
| | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other | | | |
| | Line of Insurance | | | |
| Does
No | s filing only apply to certain territory (to | erritories) or certain classes? If so, specify | : | |
| | description of filing. (If filing follows rate revising company loss cost mul | ates of an advisory organization, specify or | | |
| | usted to reflect all prior rate changes.
ange in Company's premium level wh | ich will result from application of new rates | 3. | |
| | | | | |
| | | GuideOne Mutual Insurance | | |
| | | 1 | Name of Company | |
| | | Joseph Highbarger, FCAS, I | MAAA - AVP/Actuary | |
| | | | Official - Title | |

| Change in Company's premium or rate level produced by rate revision effective | | | 4/1/11 N & 7/1/11 R | |
|---|--|---|--|--|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> | |
| 1. Au | tomobile Liability Private | | | |
| | Passenger Commercial | | | |
| 2. Au | tomobile Physical Damage Private Passenger Commercial | | | |
| 3. Lia | bility Other Than Auto | 12,543 | 3.1% | |
| | rglary and Theft | 13.50-70 | 0.170 | |
| | ass | | | |
| | delity _ | | | |
| | rety | 4,0 | | |
| | iler and Machinery | | | |
| 9. Fir | | | | |
| 10. Ex | tended Coverage | | | |
| | and Marine | | | |
| 12. Ho | omeowners | | | |
| 13. Cc | mmercial Multi-Peril | | | |
| 14. Cr | op Hail | | | |
| 15. Ot | | | | |
| | Line of Insurance | | | |
| Does fi
No | ling only apply to certain territory (te | rritories) or certain classes? If so, specify | | |
| | , , , , , | tes of an advisory organization, specify or tiplier only. | | |
| | ed to reflect all prior rate changes.
ge in Company's premium level whi | ch will result from application of new rates | S. | |
| | | Cuida Ona Canaialh Muhusi | Incurance | |
| | | GuideOne Specialty Mutual | Name of Company | |
| | | Joseph Highbarger, FCAS, N | MAAA - AVP/Actuary | |
| | | oscent riigiisaiger, 1 one, 1 | Official – Title | |

| | Change in Company's premium or rate level produced by rate revision effective | | | 6/1/2011 |
|------------|---|--|----------------------------|-----------------------|
| | | | | |
| | | (2) | (3) | |
| | | Annual Premium | Percent | |
| | | Volume (Illinois) | Change (+ or -) | |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| _ | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger
Commercial | | | |
| 3. | Liability Other Than Auto | 85,624 | -1% | |
| 3.
4. | Burglary and Theft | | | |
| ٦.
5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | <u> </u> | | |
| 14.
15. | Crop Hail
Other | | · | |
| 10. | Line of Insurance | | | |
| | | | | |
| _ | | // // // / / / / / / / / / / / / / / / | | |
| | s filing only apply to certain territor | | | do 336) |
| Prer | nises/Operatins (Subline Code 33 | 4) and Products/Complete | d Operations (Subline Co | de 330) |
| | | | | ***** |
| | | | | |
| Brie | f description of filing. (If filing follo | ws rates of an advisory or | ganization, specify organi | zation): |
| | s General Liability Loss Cost GL 2 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | and Indemnity Company |
| | | | Name | of Company |
| | | | | |
| | | | Aaron Mills, AVP | |

| | Change in Company's premium | or rate level produced by | rate revision effective | 6/1/2011 |
|------------|---|--|-------------------------------|-------------|
| | | | | |
| | | (2)
Annual Premium
Volume (Illinois) | (3) Percent Change (+ or -) | |
| ۱. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | 1,168,206 | -1% | |
| 1. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 3. | Fidelity | | | |
| 7 . | Surety | | | |
| 3. | Boiler and Machinery | | | |
|). | Fire | | | |
| 0. | Extended Coverage | | | |
| 1. | Inland Marine | | | |
| 2. | Homeowners | | | |
| 3. | Commercial Multi-Peril | | | |
| 4. | Crop Hail | | | |
| 5. | Other | | | |
| | Line of Insurance | | | |
| | | | | |
| | s filing only apply to certain territor | | | 000 |
| rer | mises/Operatins (Subline Code 334 | and Products/Complete | d Operations (Subline Code | 336) |
| _ | | | | |
| | 6 1 2 2 1 2 2 6 6 8 2 2 4 6 6 8 2 2 4 6 6 1 2 2 2 6 2 1 2 2 2 2 2 2 2 2 2 2 2 | | | :\. |
| | f description of filing. (If filing follow | | ganization, specity organizat | ion): |
| <u>:O</u> | s General Liability Loss Cost GL 2 | 010-BGL1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Hartford Casualty | |
| | | | Name of | Company |
| | | | | |
| | | | Aaron Mills, AVP | |
| | | | Officia | l - Title |

| Change in Company's premiur | n or rate level produced by | rate revision effective | 6/1/2011 |
|--|---|--|---------------------------|
| | (2)
Annual Premium
Volume (Illinois) | (3) Percent Change (+ or -) | |
| Automobile Liability Private Passenger Commercial | | | |
| Automobile Physical Damage
Private Passenger | | | |
| Commercial 3. Liability Other Than Auto 4. Burglary and Theft | 4,606,320 | | |
| 5. Glass
6. Fidelity
7. Surety | | | |
| Boiler and Machinery Fire | | | |
| 10. Extended Coverage11. Inland Marine12. Homeowners | | | |
| 13. Commercial Multi-Peril14. Crop Hail | | | |
| 15. Other Line of Insurance | | | |
| Does filing only apply to certain territo
Premises/Operatins (Subline Code 33 | ry (territories) or certain cla
4) and Products/Complete | asses? If so, specify:
d Operations (Subline Code | 336) |
| Brief description of filing. (If filing follo
SO's General Liability Loss Cost GL 2 | | ganization, specify organiza | tion): |
| | And Wil | A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| | | | |
| | | | |
| | | | urance Company
Company |
| | | Aaron Millo AVD | |
| | | Aaron Mills, AVP Officia | ıl - Title |

| | Change in Company's premium or rate level produced by rate revision effective | | | 6/1/2011 | |
|------|---|--------------------------------|--------------------------------|---------------------|--|
| | | | | | |
| | | (2) | (3) | | |
| | | Annual Premium | Percent | | |
| | | Volume (Illinois) | Change (+ or -) | | |
| 1. | Automobile Liability | | | | |
| | Private Passenger | | | | |
| | Commercial | | | | |
| 2. | Automobile Physical Damage
Private Passenger | | | | |
| | Commercial | | 40/ | | |
| 3. | Liability Other Than Auto | 59,517 | -1% | | |
| 4. | Burglary and Theft | | | | |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | | |
| 8. | Boiler and Machinery | - | | | |
| 9. | Fire | | | | |
| 10. | Extended Coverage | | | | |
| 11. | Inland Marine | | | | |
| 12. | Homeowners | | | | |
| 13. | Commercial Multi-Peril | | | | |
| 14. | Crop Hail | | | | |
| 15. | Other | | | | |
| | Line of Insurance | | | | |
| | | | | | |
| Doe | s filing only apply to certain territo | ry (territories) or certain cl | asses? If so, specify: | | |
| Prei | mises/Operatins (Subline Code 33 | 4) and Products/Complete | ed Operations (Subline Code | 336) | |
| | | | | | |
| | | | | | |
| | | | | | |
| Brie | f description of filing. (If filing follo | ws rates of an advisory or | rganization, specify organizat | tion): | |
| ISO | 's General Liability Loss Cost GL 2 | 2010-BGL1 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Hartford Insurance | Company of Illinois | |
| | | | Name of | Company | |
| | | | | | |
| | | | Aaron Mills, AVP | | |
| | | | | ıl - Title | |

| | Change in Company's premium | or rate level produced by | rate revision effective | 6/1/2011 |
|------------|---|---|----------------------------------|--------------------------------|
| | | (2) | (3) | |
| | | Annual Premium Volume (Illinois) | Percent Change (+ or -) | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | 416,486 | -1% | |
| 4 . | Burglary and Theft | | | |
| 5.
6. | Glass
Fidelity | | | |
| 0.
7. | Surety | | | |
| 8. | Boiler and Machinery | *************************************** | 400 | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | OtherLine of Insurance | | | |
| | es filing only apply to certain territor
mises/Operatins (Subline Code 334 | | | 336) |
| | f description of filing. (If filing follow
's General Liability Loss Cost GL 2 | | ganization, specify organizat | ion): |
| | | | | |
| | | | | |
| | | | | |
| | | | Hartford Insurance Co
Name of | mpany of the Midwes
Company |
| | | | Aaron Mills, AVP | |
| | | | Officia | l - Title |

| | Change in Company's premium | n or rate level produced by | rate revision effective | 6/1/2011 |
|---------|---|--------------------------------|------------------------------|---------------------|
| | | | | |
| | | (2) | (3) | |
| | | Annual Premium | Percent | |
| | | Volume (Illinois) | Change (+ or -) | |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger | | | |
| | Commercial | | 404 | |
| 3. | Liability Other Than Auto | 1,443,341 | -1% | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6.
- | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | *** | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other Line of Insurance | | | |
| | | | | |
| Daa | s filing only apply to certain territor | n, (tarritarias) ar certain cl | asses? If so specify: | |
| Doe | nises/Operatins (Subline Code 33 | y (territories) or certain cit | ed Operations (Subline Code | (336) |
| Pier | hises/Operatins (Subline Code 33 | 4) and Froducts/Complete | ed Operations (Gubiine Gode | . 000) |
| | | | | |
| | | | | |
| Brie | f description of filing. (If filing follo | ws rates of an advisory or | ganization, specify organiza | tion): |
| ISO | 's General Liability Loss Cost GL 2 | 2010-BGL1 | | |
| | | | | |
| | | ··· | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | s Insurance Company |
| | | | Name of | Company |
| | | | | |
| | | | Aaron Mills, AVP | |
| | | | Officia | ıl - Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective April 1, 2011 | |

| - | (1) | (2) Annual Premium | (3)
Percent |
|-----|--|--|--|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | Volume (minolo) | |
| 1. | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| _ | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$11,001 | -11.3% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, | ain territory (territories) or | certain |
| | specify: No | | |
| | Brief description of filing. (If t | filing follows rates of an a | dvisory |
| | Organization, specify organization): | Adoption of ISO filing GI - | 2010-BGL1 and increased limits |
| | GL-2010-IALL1. | Adoption of loo ming of | 2010 2021 010 110 110 100 100 110 110 11 |
| | GL-2010-IALE1. | | |
| | *Adjusted to reflect all prior ra **Change in Company's pren | ate changes.
nium level which will resu | ılt from application of new |
| | . 4.50. | Indemnity Insuran | ce Company of North America |
| | | Na | me of Company |
| | | Pohort Wolfrom G | I Product Manager |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate I | level produced by rate revision |
|---------------------------------------|---------------------------------|
| effective 04/01/2011 | |
| | |

| (1) | (2)
Annual Premium | (3) Percent |
|---|-----------------------------------|---|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 76177 | +23% |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Elic of madranec | | |
| Does filing only apply to certa | in territory (territories) or | rcertain |
| Classes? If so, | ories and classes | |
| specify: All territo | ories and classes | |
| | | |
| Brief description of filing. (If fi | ling follows rates of an a | advisory |
| Organization, specify | | |
| organization): | | Loss Costs Reference no. GL-2010-BG |
| and Increased Limit Factors Reference N | No : GL-2010-IALL1 and wish to it | ncrease our multiplier form .900 to 1.1 |

Name of Company
Tonya J. Burroughs, Regulatory Compliance Analyst
Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

| Change in Company's | premium or rate | level produced | by rate revision |
|----------------------|-----------------|----------------|------------------|
| effective 04/01/2011 | | | |

| - | (1)
Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|---|--------------------------------|
| 1. | Automobile Liability Private | | |
| •• | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | 59,294 | -11.3% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: N/A | | certain |
| | | | |
| | Brief description of filing. (If fi
Organization, specify
organization): | Adoption of ISO revise | d commercial general liability |
| | loss costs and rules contained in G | L-2010-BGL1 and GL-2010-I | ALL1. |
| | | | |
| | *Adjusted to reflect all prior ra
**Change in Company's premates. | te changes.
ium level which will resul | t from application of new |
| | | National American | Insurance Company |
| | | Nai | me of Company |
| | | | and Form Analyst |
| | | | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's pr | emium or rate | level produced | by rate revision |
|------------------------|---------------|----------------|------------------|
| effective 04/01/2011 | | | |

| -
- | (1) | (2) Annual Premium | (3) Percent |
|---------|--|-----------------------------|----------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| _ | Commercial | | |
| 2 | Automobile Physical Damag | | • |
| | Private Passenger | | |
| ^ | Commercial | | 11.00/ |
| 3. | Liability Other Than Auto | 32,446 | -11.6% |
| 4.
- | Burglary and Theft | | |
| 5. | Glass | | |
| 6.
- | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: No | | certain |
| | | | |
| | Brief description of filing. (If fi | iling follows rates of an a | dvisory |
| | Organization, specify | | |
| | organization): | Filing to adopt the ISC | reference filing GL-BGL1 |
| | | | |
| | | | |
| | *Adjusted to reflect all prior ra
**Change in Company's premates. | | lt from application of new |
| | ratos. | National Fire and | Indemnity Exchange |
| | | | me of Company |
| | | Elizabeth Piper - F | • • |

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
|--|--|--|
| . Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| Liability Other Than Auto | 5,581,975 | -8.0% |
| . Burglary and Theft | | |
| . Glass | | |
| . Fidelity | | |
| . Surety | | |
| Boiler and Machinery | | |
| . Fire | | |
| Extended Coverage | | |
| 1. Inland Marine | | |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Other | | |
| Line of Insurance | | |
| oes filing only apply to certain territory (ter | ritories) or certain classes? If so, specify: | : |
| rief description of filing. (If filing follows rate
plementing Insurance Services Office GL-2010-BGL1 | * * | · |
| Adjusted to reflect all prior rate changes. | h will regult from application of new rates | |
| Change in Company's premium level which | in will result from application or new rates |). |
| | National Fire Insurance Com | pany |
| | | Name of Company |
| | Elizabeth Merritt, FCAS, Act | uarial Director |
| | | Official - Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate lev | vel produced by rate revision effective | 2/1/2011 |
|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private Personner Commonial | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial _ | | |
| 3. Liability Other Than Auto | \$2,296 | -17.1% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity _ | | |
| 7. Surety _ | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril 14. Crop Hail _ | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (t | erritories) or certain classes? If so, specify | : <u>No.</u> |
| | rates of an advisory organization, specif | |
| *Adjusted to reflect all prior rate changes. | nich will result from application of new rates | |
| Change in Company's premium level wr | non win result from application of new rates | 5 . |
| | National Liabil | ity & Fire Insurance Company Name of Company |
| | | |
| | | Official - Title |

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JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| | Change in Company's premium | or rate level produced by | rate revision effective | 6/1/2011 |
|------------|---|---|-------------------------------|-------------|
| | | | | |
| | | (2) | (3) | |
| | | Annual Premium | Percent | |
| | | Volume (Illinois)_ | Change (+ or -) | |
| 1. | Automobile Liability Private Passenger | | | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | 2,322 | -1% | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Other | | | |
| | Line of Insurance | | | |
| | | | | |
| Doe | s filing only apply to certain territor | y (territories) or certain cl | asses? If so, specify: | |
| Prer | mises/Operatins (Subline Code 334 | and Products/Complete | ed Operations (Subline Code | 336) |
| | | | | |
| | | | | |
| | | | | :\. |
| | f description of filing. (If filing follow | | ganization, specity organizat | ion): |
| <u>ISO</u> | 's General Liability Loss Cost GL 2 | 2010-BGL1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | D 4 4 O | |
| | | | Property and Casualt | |
| | | | name of | Company |
| | | | | |
| | | | Aaron Mills, AVP | |
| | | | Officia | I - Title |

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 4/1/2011 (3) (2) (1) **Percent Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 7.00% 478.901 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, we are adopting Loss Costs for all Commercial General Liability territories. This applies to Riverport Insurance Company. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the ISO General Liability Loss Cost revision GL-2010-BGL1 and Rule Revision GL-2010-IALL1 effective April 1, 2011. Our percentage of change number is based on the specific impact to our book of business. Our overall impact is a 7.0% including both the loss cost and the increase limits factor change. ISO's overall impact is -11.3%. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Riverport Insurance Company

Name of Company Terri Zachman, Product Development Analyst

Mary Lynn Teel, State Filings Analyst
Official - Title

| Coverage Coverage Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): | | (1) | (2) | (3) |
|--|-----------|---|---|---|
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Toes filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Arrief description of filing. (If filing follows rates of an advisory organization, specify organization): | | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto \$1170744 -2.9% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance oes filing only apply to certain territory (territories) or certain classes? If so, specify: N/A rief description of filing. (If filing follows rates of an advisory organization, specify organization): | 1. | Private Passenger | | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: WA Prief description of filing. (If filing follows rates of an advisory organization, specify organization): | 2. | Automobile Physical Damage
Private Passenger | | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: WA irief description of filing. (If filing follows rates of an advisory organization, specify organization): | 3. | | \$1170744 | -2.9% |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 16. Line of Insurance The description of filing. (If filing follows rates of an advisory organization, specify organization): | | • | | |
| 5. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Indicate the specific of the specific or specific | | - • | | |
| 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: 1. In the specific of filing follows rates of an advisory organization, specify organization): | | | | |
| Boiler and Machinery Fire D. Extended Coverage I. Inland Marine D. Homeowners C. Homeowners C. Commercial Multi-Peril 4. Crop Hail D. Other Line of Insurance The description of filing. (If filing follows rates of an advisory organization, specify organization): | 7. | • | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 16. Line of Insurance 17. Line of Insurance 18. Line of Insurance 19. The service of an advisory organization, specify organization): | | | | |
| D. Extended Coverage I. Inland Marine D. Homeowners C. Commercial Multi-Peril Crop Hail D. Other Line of Insurance The description of filing. (If filing follows rates of an advisory organization, specify organization): | | | | |
| I. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Indicate the description of filing. (If filing follows rates of an advisory organization, specify organization): | | Extended Coverage | | |
| 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: If description of filing. (If filing follows rates of an advisory organization, specify organization): | l. | | | |
| Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: A ef description of filing. (If filing follows rates of an advisory organization, specify organization): | | | | |
| 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: I/A ief description of filing. (If filing follows rates of an advisory organization, specify organization): | 3. | Commercial Multi-Peril | | |
| Line of Insurance des filing only apply to certain territory (territories) or certain classes? If so, specify: M/A dief description of filing. (If filing follows rates of an advisory organization, specify organization): | 4. | | | |
| es filing only apply to certain territory (territories) or certain classes? If so, specify: i/A ief description of filing. (If filing follows rates of an advisory organization, specify organization): | 5. | - | | |
| ief description of filing. (If filing follows rates of an advisory organization, specify organization): | | Line of Insurance | | |
| Adoption of Illinois GL Advisory Prospective Loss Costs. | es i | ining only apply to certain territory (t | ermones) of certain classes: If so, speeny. | |
| | rief (| ption of Illinois GL Advisory Prospec | tive Loss Costs. | organization): |
| * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. | rief Adoj | djusted to reflect all prior rate change hange in Company's premium level v | etive Loss Costs. | organization): |
| Change in Company's premium level which will | rief Adoj | djusted to reflect all prior rate change hange in Company's premium level v | es. which will | |

| | Change in Company's pre | mium or rate level produced by rate | |
|------------|---|-------------------------------------|--------------------|
| | revision effective | April 1, 2011 | |
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| _ | Commercial | | 44.00/ |
| 3. | Liability Other Than Auto | \$812,275 | -11.6% |
| 4 . | Burglary and Theft | | |
| 5. | Glass | | |
| 6.
7 | Fidelity | | |
| 7.
0 | Surety | | |
| 8.
9. | Boiler and Machinery Fire | | |
| 9.
10. | Extended Coverage | | |
| 11. | Inland Marine | 2 | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| Doe | s Filing only apply to certain territor | v (territories) or certain | |
| | ses? If so, specify: | | |
| oiac | | | |
| | | | |
| | | | |
| | f description of filing. (If filing follow | | |
| orga | anization, specify organization): | Adoption of ISO's General Liabili | ty Advisory |
| | | Prospective Loss Costs | |
| | | | |
| | | | |
| | | | |
| | | | |
| | * Adjusted to reflect all prior rate ch | | |
| • | Change in Company's premium longer result from application of new rate | | |
| | | SPARTA Inclu | rance Company |
| | | | Company |
| | | ramo o | Company |
| | | Kavin Purcell | - VP IRC, LLC |
| | | | al - Title |

| | | mium or rate level produced by rate April 1, 2011 | |
|-----------|---|--|---|
| | (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| _ | Commercial | | 2.00/ |
| 3. | Liability Other Than Auto | \$25,673 | 0.3% |
| 4.
- | Burglary and Theft | | |
| 5. | Glass | | |
| 6.
7 | Fidelity | | |
| 7. | Surety | | |
| 8.
9. | Boiler and Machinery Fire | | |
| 9.
10. | Extended Coverage | | |
| 10. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | s Filing only apply to certain territor ses? If so, specify: N/A | y (territories) or certain | |
| . | folonoviation of fillians (16 fillian follow | | |
| | f description of filing. (If filing follow
anization, specify organization): | vs rates of an advisory Adoption of ISO's General Liability | Incressed Limit Factors |
| orga | ilization, specify organization). | Revision | mcreased Limit i actors |
| | | Revision | |
| | | | |
| | | | |
| | * Adjusted to reflect all prior rate ch * Change in Company's premium le
result from application of new rate | evel which will | |
| | | State National Insu | ırance Company |
| | | Name of C | |
| | | Dovid M. Claff Sania-Via | Dragidant and Canaral |
| | | David M. Cleff, Senior Vice | |

RECEIVED

JAN 10 2011

FORM (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 1/1/11 new business; 3/1/11 renewals.

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|---|-----------------------------|
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | \$611,533 | +15% |
| 2 | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | \$143,480 | +15% |
| 3. | Liability Other Than Auto | \$2,405,630 | +15% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | \$73,858 | +15% |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| | Does filing only apply to certain to Classes? If so, specify: Yes, the heavy trucks and all truck tractors. | territory (territories) or certa
Commercial Auto rate increase a | |
| | Brief description of filing. (If fili | ng follows rates of an advis | OFV |
| | | | |
| | Organization, specify organizatio maintain profitability. There has not be | een a change in rates for these li | nes in excess of 15 years. |
| | | | |
| | *Adjusted to reflect all prior rate **Change in Company's premium | | n application of new rates. |
| | | Springfield Fire & Cast | ualty Company |
| | | | ne of Company |
| | | Sheila Rooney, Vice Pr | esident |
| | | | fficial – Title |

| Change | in | Company's | premium | or | rate | level | produced | by | rate |
|---------|-----|-----------|-------------|-----|------|-------|----------|----|------|
| revisio | n e | effective | January 15, | 201 | 1 | | | | |

| revision effective January 1 | 5, 2011 | • |
|--|---------------------------------------|-------------------------------|
| (1)
Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1. Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage
Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | \$142,310 | -0.8 |
| 4. Burglary and Theft | \$1,787 | +16.3 |
| 5. Glass | | |
| 6. Fidelity | \$6,116 | +16.3 |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | \$64,426 | 16.3 |
| 10. Extended Coverage | \$54,195 | +16.3 |
| l1. Inland Marine | \$542,585 | +12.1 |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No. | territory (territories)o | r certain classes? |
| Brief description of filing. (If organization of specify organization modification factor changes made under ISO revisions.) | n): We are filing to implement th | e commercial package |
| * Adjusted to reflect all prior: ** Change in Company's premium le
result from application of new | vel which will | |
| TRA | NSGUARD INSURANCE COMPANY | Y OF AMERICA, INC. |

Robert Goddard, Senior Compliance Analyst
Official - Title

Name of Company

H29219D

| | (1) | (2) Annual Premium | (3)
Percent |
|------------------------|---|--|--------------------------|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Auto | omobile Liability Private | | |
| | Passenger Commercial | | |
| 2. Auto | omobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. Liat | oility Other Than Auto | 239,632 | -4.8% |
| 4. Bur | glary and Theft | | |
| 5. Gla | ss | - | |
| 6. Fide | elity | | |
| 7. Sur | ety | | |
| | ler and Machinery | | |
| Fire | - | | |
| | ended Coverage | | |
| | nd Marine | - | |
| | neowners | | |
| | mmercial Multi-Peril | | |
| 14. Cro | · | | |
| 15. Oth | | | |
| | Line of Insurance | | |
| Does fili | ng only apply to certain territory (ter | ritories) or certain classes? If so, specify: | |
| | | es of an advisory organization, specify orgar | |
| Implemen | ting Insurance Services Office GL-2010-BGL | 1 and GL-2010-IAli1. Please see the attached memoran | dum. |
| | | | |
| ** 1 | II. O it ill i diamente alcanana | | |
| | ed to reflect all prior rate changes.
ge in Company's premium level whic | ch will result from application of new rates. | |
| | | Transportation Insurance Compa | iny |
| | | Nam | e of Company |
| | | Elizabeth Merritt, FCAS, Actuaria | al Director |
| | | | ficial – Title |

| | Change in Company's premiur | m or rate level produced by | rate revision effective | 6/1/2011 |
|---|---|--|-----------------------------------|----------------|
| | | | | |
| | | (2)
Annual Premium
Volume (Illinois) | (3)
Percent
Change (+ or -) | |
| | Automobile Liability Private Passenger Commercial | - Volume (minister) | | |
| | Automobile Physical Damage Private Passenger Commercial | | | |
| | Liability Other Than Auto | 382,488 | -1% | |
| | Burglary and Theft | | | |
| | Glass | | | |
| | Fidelity | | **** | |
| | Surety | | | |
| | Boiler and Machinery | | | |
| | Fire | | | |
| | Extended Coverage | | | |
| | Inland Marine | | | |
| | Homeowners | | | |
| | Commercial Multi-Peril | | | |
| | Crop Hail | | | |
| | Other | | | |
| | Line of Insurance | | | |
| | s filing only apply to certain territor
mises/Operatins (Subline Code 33 | | | 336) |
| е | f description of filing. (If filing follo | ws rates of an advisory or | ganization, specify organization | on): |
| | 's General Liability Loss Cost GL 2 | | | |
| | 's General Liability Loss Cost GL 2 | | | |
| | 's General Liability Loss Cost GL 2 | | | |
| | 's General Liability Loss Cost GL 2 | | | |
| | 's General Liability Loss Cost GL 2 | | Twin City Fire Insu | ırance Company |
| | 's General Liability Loss Cost GL 2 | | Twin City Fire Insu
Name of C | ırance Company |
| | 's General Liability Loss Cost GL 2 | | | ırance Company |

| | (1) | (2)
Annual Premium | (3)
Percent |
|------|--|---|-------------------|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private | | |
| _ | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| _ | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | 1,873,782 | -8.9% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| 13. | Line of Insurance | | |
| | Line of insurance | | |
| Doe | es filing only apply to certain territory (terri | tories) or certain classes? If so, specify: | |
| | terming of my apply to certain termiory (term | tonoo, or contain classes. It co, epoch, | |
| | | | |
| Brie | of description of filing. (If filing follows rates | s of an advisory organization, specify orga | nization): |
| Impl | ementing Insurance Services Office GL-2010-BGL1 a | and GL-2010-IAII1. Please see the attached memora | ndum. |
| | | | |
| | | | |
| | justed to reflect all prior rate changes. | | |
| **C | hange in Company's premium level which | will result from application of new rates. | |
| | | | |
| | | Valley Forge Insurance Compa | |
| | | Nan | ne of Company |
| | | Flinghook Sagnist FOAC Action | ial Disastes |
| | | Elizabeth Merritt, FCAS, Actuar | |
| | | <u> </u> | official – Title |

| Change in Company's Premium or | rate level produced by rate revision effe | ct4/1/2011 |
|---|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance | y (territories) or certain classes? If so, s | 3.7% |
| Brief description of filing. (If filing follow See Cover Letter | ws rates of an advisary organization, spe | ecify organization): |
| * Adjusted to reflect all prior rate cha
** Change in Company's premium lev
result from application of new rates | vel which will | |
| | | West Bend Mutual Insurance Company Name of Company |
| | | Lois Ebersold, Sr. Product Development Specialist Official - Title |

FORM (RF-3)

| (1)
Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----------------------------------|--|--------------------------------|
| Automobile Liability Private | voidino (minioro) | - <u>g</u> ,, |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| _iability Other Than Auto | \$13,440,036 | -11.3% |
| Burglary and Theft | <u>- </u> | |
| Glass | <u></u> | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| nland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | <u></u> |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to certa | ain territory (territories) o | r certain |
| Classes? If so, | | |
| specify: No No | | |
| Brief description of filing. (If | filing follows rates of an a | advisory |
| Organization, specify | g , on one rance or any s | , |
| organization): | Adoption of ISO filing GL | -2010-BGL1 and increased limit |
| GL-2010-IALL1. | | |
| | | |
| *Adjusted to reflect all prior ra | | ult from application of n |
| **Change in Company's pren | nium ievei wnich will rest | at from application of n |
| rates. | Westchester Fire | Insurance Company |
| | | ame of Company |
| | | SL Product Manager |
| | | Official – Title |